

APPLICATION FOR SOLID WASTE FACILITY PERMIT/WASTE DISCHARGE REQUIREMENTS

CIWMB E-1-77 (Rev. 8-04)

NOTE: This form has been developed for multiple uses. It is the transmittal sheet for documents required to be submitted to the appropriate agency. Please refer to the attached instructions for definitions of terms and for completing this application form in a complete and correct manner.

FOR OFFICIAL USE ONLY			
SWIS NUMBER: 37-AA-0023	FILING FEE: \$700.00	RECEIPT NUMBER: 60000000	DATE RECEIVED: 10/5/2011
DATE ACCEPTED: 11/3/2011	DATE REJECTED:	ACCEPTANCE DATE OF INCOMPLETE APPLICATION: _____ DATE DUE: _____	

Part 1. GENERAL INFORMATION

A. ENFORCEMENT AGENCY: City Of San Diego	B. COUNTY: San Diego
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C. TYPE OF APPLICATION (Check one box only):

- | | |
|--|--|
| <input type="checkbox"/> 1. NEW SWFP and/or WDRS | <input type="checkbox"/> 4. PERMIT REVIEW |
| <input type="checkbox"/> 2. REVISION OF SWFP and/or WDRS | <input type="checkbox"/> 5. AMENDMENT OF APPLICATION |
| <input type="checkbox"/> 3. EXEMPTION and/or WAIVER | <input checked="" type="checkbox"/> 6. RFI/ROWD/JTD AMENDMENTS |

Part 2. FACILITY DESCRIPTION

A. NAME OF FACILITY: Sycamore Landfill

B. LOCATION OF FACILITY:

1. PHYSICAL ADDRESS OR LOCATION AND ZIP (

8514 Mast Boulevard Santee, CA 92071

2. LATITUDE AND LONGITUDE:

Latitude 32 51' 44" Longitude 117 01' 33"

3. LEGAL DESCRIPTION OF PERMITTED BOUNDARY BY SECTION, TOWNSHIP, RANGE, BASE, AND MERIDIAN, IF SURVEYED:
Portions of Section 13 & 14 of T15S, R2W and Sections 7, 18 and 19 of T15S, R1W SBB & M

C. TYPE OF ACTIVITY: (Check applicable boxes):

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> 1. DISPOSAL
a. TYPE: <u>Class III MSW</u> | <input type="checkbox"/> 3. TRANSFORMATION | <input type="checkbox"/> 5. OTHER (describe): _____ |
| <input type="checkbox"/> 2. COMPOSTING
a. TYPE: _____ | <input type="checkbox"/> 4. TRANSFER/PROCESSING FACILITY | |
- ☒ CHECK HERE IF RECYCLABLE MATERIALS ARE RECOVERED PRIOR TO TRANSFER/PROCESSING.

D. CONFORMANCE FINDING INFORMATION (CIWMP):

- ☒ 1. FACILITY IS IDENTIFIED IN (Check one):
- | | | |
|---|---------------------------------|------------------|
| <input checked="" type="checkbox"/> SITING ELEMENT | DATE OF DOCUMENT <u>5/11/04</u> | PAGE # <u>18</u> |
| <input type="checkbox"/> NONDISPOSAL FACILITY ELEMENT | DATE OF DOCUMENT _____ | PAGE # _____ |
- ☐ 2. FACILITY IS NOT REQUIRED TO BE IDENTIFIED IN SITING ELEMENT OR NONDISPOSAL FACILITY ELEMENT

E. TYPE OF PERMITTED WASTES TO BE RECEIVED: (Check applicable boxes):

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> 1. AGRICULTURAL | <input checked="" type="checkbox"/> 6. CONSTRUCTION/DEMOLITION | <input type="checkbox"/> 11. LIQUIDS |
| <input checked="" type="checkbox"/> 2. ASBESTOS <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-friable | <input checked="" type="checkbox"/> 7. CONTAMINATED SOILS | <input checked="" type="checkbox"/> 12. MIXED/MUNICIPAL SOLID WASTE |
| <input type="checkbox"/> 3. ASH | <input checked="" type="checkbox"/> 8. DEAD ANIMALS | <input checked="" type="checkbox"/> 13. SEWAGE SLUDGE |
| <input type="checkbox"/> 4. AUTO SHREDDER | <input type="checkbox"/> 9. INDUSTRIAL | <input checked="" type="checkbox"/> 14. TIRES Altered |
| | <input checked="" type="checkbox"/> 10. INERT | <input type="checkbox"/> 15. OTHER (describe): _____ |
| <input checked="" type="checkbox"/> 5. COMPOSTABLE MATERIAL (describe): <u>Chip and Grind</u> | | |

Part 3. FACILITY INFORMATION

A. PROPOSED CHANGE (Check applicable box(es)):

- ☐ 1. DESIGN (describe): _____
- ☐ 2. OPERATION (describe): _____ Tonnage Increase _____
- ☐ 3. OWNER, OPERATOR, ADDRESS, AND/OR FACILITY NAME CHANGE (describe): _____
- ☒ 4. OTHER (describe): RFI Amendment
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B. FACILITY INFORMATION:**1. INFORMATION APPLICABLE TO ALL FACILITIES:**

- a. PEAK DAILY TONNAGE OR CUBIC YARDS _____ 5,165 Tons
- 1) DISPOSAL/TRANSFER (unit) _____ 3,965
- 2) OTHER (unit) 700 Tons Green Material, Base Material 500 Tons
- b. DAILY DESIGN TONNAGE (TPD) _____ 3,965 Tons (Disposal)
- c. FACILITY SIZE (acres) _____ 491 Acres
- d. PEAK TRAFFIC VOLUME PER DAY (vpd) _____ 620 Vehicles/Day
- e. DAYS AND HOURS OF OPERATION _____ Permitted 6 am to 4:30 pm M-F, Sat & Sun 6 am to 4:00 Pm
Note, current JTD reflects closed on Sundays

2. ADDITIONAL INFO. REQUIRED FOR COMPOSTING FACILITIES ONLY:

- a. SITE STORAGE CAPACITY (cu yds) _____ NA

3. ADDITIONAL INFORMATION REQUIRED FOR LANDFILLS ONLY:

- a. AVERAGE DAILY TONNAGE (TPD) _____ 3,800 tons/day
- b. SITE CAPACITY CURRENTLY PERMITTED (Airspace) (cu yds) _____ 71,233,171
- c. SITE CAPACITY PROPOSED (Airspace) (cu yds) _____ 71,233,171
- d. SITE CAPACITY USED TO DATE (Airspace) (cu yds) _____ 28,986,620
- e. SITE CAPACITY REMAINING (Airspace) (cu yds) _____ 42,246,551
- f. DATE OF CAPACITY INFORMATION (Date) (See instructions): _____ 2/28/2011
- g. LAST PHYSICAL SITE SURVEY (Date) _____ 3/19/2010
- h. ESTIMATED CLOSURE DATE (month and year) _____ 10/1/2031
- i. DISPOSAL FOOTPRINT (acres) _____ 324
- j. SITE CAPACITY PLANNED (cu yds) _____ 170,000,000
- k. 1. (i) IN-PLACE WASTE DENSITY (lbs of waste per cu yd of waste) _____
AND
(ii) WASTE-TO-COVER RATIO (Estimated) (v:v) _____
OR
2. AIRSPACE UTILIZATION FACTOR (tons of waste per cu yd of landfill airspace) _____ 0.834 ton/cy

Part 4. SOURCE OF WATER SUPPLY (Check applicable boxes)

- ☒ A. MUNICIPAL OR UTILITY SERVICE: _____ Padre Dam
- ☐ B. INDIVIDUAL (wells): _____
- ☐ C. SURFACE SUPPLY:
1. NAME OF STREAM, LAKE, ETC. _____
2. TYPE OF WATER RIGHTS:
- ☐ RIPARIAN ☐ APPROPRIATION
3. STATE PERMIT OR LICENSE NUMBER, IF APPLICABLE _____
-

Part 5. COMPLIANCE WITH CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) (Check applicable boxes)

A. CHECK BOX(ES) IF ENVIRONMENTAL DOCUMENT WAS OR WILL BE PREPARED FOR THIS PROJECT AND PROVIDE THE STATE CLEARINGHOUSE NUMBER (SCH#):

- ☐ ENVIRONMENTAL IMPACT REPORT (EIR) SCH# _____
- ☐ NEGATIVE DECLARATION (ND)/MITIGATED NEGATIVE DECLARATION (MND) SCH# _____
- ☐ ADDENDUM TO (Identify environmental document) _____ SCH# _____

B. IF ENVIRONMENTAL DOCUMENT(S) WAS NOT PREPARED, PLEASE PROVIDE THE FOLLOWING INFORMATION:

- ☒ CATEGORICAL/STATUTORY EXEMPTION (CE/SE)
Existing Facility

Part 6. LIST OF ATTACHMENTS (Fill in the date for each document checked)**A. REQUIRED WITH ALL APPLICATION SUBMITALS:**

- ☒ RFI/JTD - RDSI to JTD ☐ ENVIRONMENTAL DOCUMENT(S):
- ☒ LOCAL USE/PLANNING PERMITS _____ PDP 2002 ☐ EIR _____
- ☒ LOCATION MAP _____ In JTD * MND/ND LDR 40-0765 2002 _____
- ☒ MITIGATION MONITORING IMPLEMENTATION SCHEDULE _____ N/A ☐ EXEMPTION _____
- ☐ ADDENDUM _____

B. ADDITIONAL REQUIRED DOCUMENTS FOR LANDFILLS ONLY:

- ☒ OPERATING LIABILITY FINANCIAL MECHANISM _____ ☒ FINANCIAL RESPONSIBILITY DOCUMENTATION _____
- Attached
- ☒ CLOSURE/POST CLOSURE MAINTENANCE PLAN ☒ LANDFILL CAPACITY SURVEY RESULTS 2/28/2011
- X PRELIMINARY ☐ FINAL _____
- 10/18/2005 ☐

C. IF APPLICABLE:

- ☐ REPORT OF WASTE DISCHARGE _____ ☐ DEPT. OF HEALTH SERVICES PERMIT _____
- ☐ CONTRACT AGREEMENTS _____ ☐ SWAT (Air and water) _____
- ☐ STORMWATER PERMIT APPLICATION _____ ☐ WETLANDS PERMITS _____
- ☐ NPDES PERMIT APPLICATION _____ ☐ OTHER _____
- ☐ VERIFICATION OF FIRE DISTRICT COMPLIANCE _____

Part 7. OWNER INFORMATION (For disposal site, if operator is different from land owner, attach lease or other agreement)**TYPE OF BUSINESS:**

- ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ☒ CORPORATION ☐ GOVERNMENT AGENCY

OWNER(S) OF LAND
(Name):

Sycamore Landfill Incorporated

ADDRESS, CITY, STATE, ZIP

Mailing: 8514 Mast Blvd, Santee, CA 92071

SSN OR TAX ID #

33-0777839

TELEPHONE

619-449-9026

FAX #:

619-449-1050

E-MAIL ADDRESS:

nmohr@republicservices.com
Neil Mohr, General Manager

Part 8. OPERATOR INFORMATION (For disposal site, if operator is different from land owner, attach lease or other agreement)

TYPE OF BUSINESS:

☐ SOLE PROPRIETORSHIP

☐ PARTNERSHIP

☒ CORPORATION

☐ GOVERNMENT AGENCY

FACILITY OPERATOR(S)

(Name):

Same As Above

ADDRESS, CITY, STATE, ZIP

SSN OR TAX ID #:

Same As Above

TELEPHONE

Same As Above

FAX #:

Same As Above

E-MAIL ADDRESS:

Same As above

CONTACT PE

Same As Above

ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:

Same as Above

Part 9. SIGNATURE BLOCK

Owner:

I certify under penalty of perjury that the information I provided for this application and for any attachments is true and accurate to the best of my knowledge and belief. I am aware that the operator intends to operate a solid waste facility at the site specified above pursuant to this application and understand that I may be responsible for the site should the operator fail to meet applicable requirements.

SIGNATURE (LAND OWNER OR AGENT):



PRINTED NAME:

Neil Mohr

10/4/2011

TITLE:

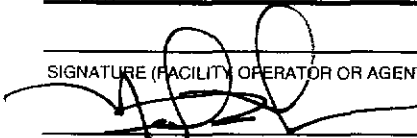
DATE:

General Manager

Operator:

I certify under penalty of perjury that the information contained in this application and all attachments are true and accurate to the best of my knowledge and belief.

SIGNATURE (FACILITY OPERATOR OR AGENT):



PRINTED NAME:

Neil Mohr

10/4/2011

TITLE:

DATE:

General Manager

Part 10. OTHER (Attach additional sheets to explain any responses that need clarification).